

Rec'd CT/PTO 08 MAR 2005

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)								SERIAL NO. <i>10/527113</i>	FILING DATE				
								CLAIMS					
	AS FILED		AFTER 1 <sup>ST</sup> AMENDMENT		AFTER 2 <sup>ND</sup> AMENDMENT			AS FILED		AFTER 1 <sup>ST</sup> AMENDMENT		AFTER 2 <sup>ND</sup> AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
1	/						51						
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47							97						
48							98						
49							99						
50							100						
TOTAL IND.	/												
TOTAL DEP.	9												
TOTAL CLAIMS	10												